

AMERICAN ASSOCIATION OF SUICIDOLOGY'S CLINICIAN SURVIVOR TASK FORCE

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The AAS Clinician Survivor Task Force provides support and resources to clinicians and other professional caregivers who have experienced the suicide loss of patients, family members and/or colleagues

WEBSITE INFORMATION

Website provides: Mission statement, Clinician testimonials, Clinician survivor contact information Bibliography/references
Information on joining the AAS Clinician Survivor listserve, posting personal accounts and becoming a clinician contact
Postvention Protocols

To Access Clinician-Survivor Task Force website:

- 1) http://mypage.iu.edu/~jmcintos/therapists_mainpg.htm
- 2) American Association of Suicidology (AAS): www.suicidology.org
AAS Homepage: Survivor/Clinician Survivor [Link](#) (I am a.....)
AAS Suicide Loss Survivors Page: [Link](#) at bottom of page

Clinician-Survivor's Fact Sheet

Despite the fact that suicide loss is an occupational hazard, mental health community treats suicide as an aberration:

30,000 annual suicides, 1/2 under care of mental health professionals
15,000 clinician survivors a year (Weiner, 2005)
51% Psychiatrists, 22% psychologists (Chemtob, 1988) lose clients to suicide during career

There is a consequent lack of:

Preparedness before the event (pre and postvention training)
Clear guidelines for postvention protocols
Optimal support for clinicians after a client loss

Clinicians and Suicide Grief

Complicated, potentially traumatic grief process
Impacts clinicians both personally and professionally
Also true for clinician's family suicide loss!

Research: "most profoundly disturbing event of professional career" (Hendin et al. 2000)
Assumptions around one's competence, responsibility, trust challenged
Many consider leaving field after losing client
One third experience severe distress for more than one year

Disenfranchised Grief: Extent to which therapeutic relationship may be acknowledged compromised by confidentiality/legal issues
Extent of access to grief rituals that facilitate healing, validation of grief (funeral, memorial attendance) also compromised
Scarcity of available places to process loss with others who are familiar with its sequelae
Negative/unsupportive reactions of colleagues
Stigma around suicide and professional vulnerability
-----> Likely to lead to **personal and professional isolation**

Effects on Clinical Work

Loss of confidence, competence, particularly in relation to suicidal cts.
Common reactions: hypervigilance/minimization of suicide potential
Impairment of empathic responses, defensive avoidance of ct's/own pain
Difficulty trusting cts.

Legal/Ethical Issues

Complicates/extends grief process
Dealing with surviving family confusing, anxiety provoking

Positive change/Post-traumatic growth can occur via:

Education and training re: the actual likelihood of patient suicide
Access to and use of postvention guidelines and protocols
Accessible resources and support in the face of suicide loss